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# Instructions to the Application for Certification as a Health Care Organization

**General Instructions.** Applications must be submitted for first time certification, recertification, or when amending pending applications, or indicating material changes to an existing Health Care Organization. Complete each item on the application. Use the space provided and then continuation pages, when necessary. Number continuation pages a, b, c . . . in the line provided adjacent page numbers in the footer (bottom right of application). Arrange the application in sequential order. A "tab" may be attached to the right margin to demarcate a section. Submit the original, one hard copy, and one completed application on a 3.5" or 5.25" diskette (in Word, WordPerfect, etc. format). Only typed applications will be accepted.

Applicants in compliance with requirements for certification by the Department of Managed Healthcare (Knox-Keene full service plans), or the Department of Insurance (disability insurers) may submit relevant exhibits, sections, or other documentation used as part of their primary certification to complete this application. When doing so, check appropriate box and provide only a concise narrative identifying the manner in which services as a Health Care Organization will be provided differently than those provided under the primary certification, and how occupational medical and health care services or other services specifically and exclusively required by law and DWC regulations will be met.

**Execution Page** (page 1). Type the legal name and address of the applicant, and the name and telephone number of the person in the applicant's organization to whom inquiries should be directed regarding this application. Type the applicant's federal employer identification number in the space provided. The authorized representative of the applicant must sign the application under penalty of perjury.

A. Type of Application. Indicate the type of application: provisional or recertification.

Indicate also whether amendments to pending application or material changes are being submitted. (First time applicants: check the box next to provisional.)

B. Type of Applicant. Indicate the type of prior authorization the applicant has obtained: Knox-Keene full service plan or Workers' Compensation Health Care Providers Organization from the Department of Managed Healthcare, or disability insurer from the Department of Insurance.

C. Applicant's Contact for Compliance and Information. Type the name, title, address, and telephone number of the person in the applicant's organization who is designated to receive compliance and informational communications from the Division of Workers' Compensation and is responsible for disseminating that information within the applicant's organization.

D. Other Agencies. Applicants applying as Knox-Keene full service plans must provide written certification that the applicant is not in violation of any provision of law or rules or orders of the Department of Managed Healthcare, and that there are no outstanding orders, undertakings, or deficiency letters which involve the applicant. Disability insurers must provide written certification that they are in good standing with the Department of Insurance.

**E. Summary of Information in Application (Page 2).** Provide as exhibit E a summary of the organization and operation of the applicant's business as an organization to provide medical and health care to injured workers. The summary must include a clear and concise description of how occupational medical and health services are to be provided.

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Cover the highlights and essential features of the information provided in response to other portions of the application. Use continuation pages (2a, 2b, 2c, etc.) if necessary.

**F. Organization and Affiliated Persons (Page 3).** Check the box for the type of organization of the Health Care Organization.

1a. Directors and Officers. List the names of all the directors and officers of the Health Care Organization. Use continuation pages, if necessary.

1b. Day-to-day Administrator. List the name, title, address, and telephone of the day-to-day administrator of the Health Care Organization.

1c. Medical Director. List the name, title, specialty, address, and telephone of the medical director of the Health Care Organization; that is, the medical doctor responsible for workers' compensation medical services.

1d. Administrator of Financial Affairs. List the name, title, specialty, address, and telephone of the administrator of financial affairs of the Health Care Organization.

F2. List of Contracts (Page 4). List all contracts between the Health Care Organization and claims administrators, employers, and providers furnishing occupational medical and health care and related services including, medical providers (primary treating physicians, specialists), acute hospital services, ambulatory care, emergency services, ambulance service, and home health care, utilization review, workplace health and safety, return to work, administrative services, and evaluation. Use continuation pages (4a, 4b, 4c, etc.) if necessary.

G. Reserved for Future Use.

**Health Care Delivery System**

H. Geographic Area Served. The applicant is required to demonstrate that throughout the

geographic regions designated as the HCO's service area, a comprehensive range of primary, specialty, institutional and ancillary services are available at reasonable times to all HCO enrollees, and to the extent feasible, that all services are accessible to all HCO enrollees.

For the purpose of evaluating the geographic aspects of availability and accessibility, consideration will be given to the actual and projected number of injuries based on the place of work of HCO enrollees within, and , if applicable, outside the service area, including the injury and illness projections furnished in Item I-4 of the application.

The following requirements must be met unless the HCO shows that a lack of a type of provider exists in an area and that the minimum number is not available.

(i). Primary Treating Physicians. At least one full time equivalent primary treating physician must be available for every 1,200 expected injuries or illnesses within the geographic service area.

(ii). All HCO enrollees must have a residence or workplace within 30 minutes or 15 miles of a primary treating physician, or a contracting or HCO-operated hospital, or if separate from such hospital, a contracting or HCO-operated provider of all emergency health care services.

(iii) Other Occupational Health Services. HCO enrollees must have a residence or workplace within 60 minutes or 30 miles of other occupational health services.

1. Description of the Service Area. As Exhibit H-1 (Page 5) applicants must describe their service area and the geographic area in which the HCO enrollees (actual and/or projected) live and work. All 5-digit U.S. Postal Service Zip code numbers must be listed on page 6. Use continuation pages (6a, 6b, 6c, etc.). To the extent possible, service areas should be delineated by political or natural boundaries.

2. Data files of Service Area. To complete Exhibit H-1, please submit electronic data files

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as specified in the memo "File Specifications for Geo-Coding Provider and Employer/Worksite Location for HCO Applications." The information specified below is indicated by the specified system of symbols in these data files. The files should show the following information:

- a. The location of any contracting or HCO-operated hospital, and, if separate, each contracting or plan-operated emergency health care facility. Designate hospitals by an "H" and emergency care facilities by an "E".
- b. The location of primary treating physicians designated by a "P". For convenience, the primary treating physicians within any mile-square area may be considered as being at one location within that area.
- c. The location of all other contracting or plan operated health care providers including:

Chiropractic = "C"  
Dentist = "D"  
Optometrist = "O"  
Laboratory = "L"  
Pharmacy = "Rx"  
Specialists = "S"

Acupuncturists, podiatrists, psychologists, and other mental health providers should be designated with an "A".

- d. Designate with "G", the location of groups which have submitted letters of intent or interest to enroll employees for workers' compensation medical care, including self-insured employers and employers covered by insurers.

3. Index to Files. As exhibit H-3, include columns for each row entry in the data files [Exhibit H-2] that show for each symbol for a hospital, emergency care facility, primary treating physician and other provider, the following:

- a. For each hospital, its total beds and number of beds available to HCO enrollees.

- b. For each symbol for primary treating physicians, the number of full-time equivalent primary treating physicians represented by the symbol.
- c. For each group of self-insured employers or employers covered by insurers, the actual and projected number of HCO enrollees from that group.

I. Description of Health Care Arrangements.

The information in this item is for assessing the adequacy of the applicant's health care provider arrangements. If the service area of the plan and the distribution of HCO enrollees is so geographically limited that all the HCO providers are readily accessible to all HCO enrollees, no geographic division of the provider information needs to be made in this part of the application.

However, if the applicant's service area is divided into separate provider networks for regions within the service area, the information required in item I-1 must be made separately for each region and provider network.

1. Physicians Services. As exhibit I-1-a (Page 8), indicate the number of full-time equivalents available for workers' compensation medical care. Include physicians who are employees of the HCO and contracted physician services.

Primary treating physicians and specialists should be designated as to their specialty (e.g., allergy-immunology, anesthesiology, cardiology, dermatology, emergency medicine, family medicine, general medicine, gynecology-obstetrics, internal medicine, neurology, occupational medicine, oncology, ophthalmology, orthopedics, doctor of osteopathy, otolaryngology, pathology, physical medicine-rehabilitation, psychiatry, pulmonology, rheumatology, surgery, urology, and others). Some physician *types* may appear in both primary treating physician and specialist categories, but individual health care providers cannot be double counted in the full-time equivalents column.

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2. Hospitals. Complete as exhibit I-2 (Page 9) a list of all hospitals that are operated by or contracted with the HCO. Provide the name and address, license number and bed capacity.

3. All Other Providers of Health Care Services. In Exhibit I-3 (Page 10), indicate the number of full-time equivalents available for workers' compensation medical care. Include health care providers who are employees of the HCO and contracted providers. Include personnel available for home health care.

Interpreters' Services (Page 10). Describe how the HCO will make available interpreters' services, as required, for the treatment and evaluation of patients.

4. Calculation of Providers per 1,200 Expected Injuries and Illnesses (Page 11). Furnish the calculation of the adequacy of the HCO's provider arrangements for each region or provider network within the HCO's service area. This should be based on the full range of health care services covered by HCO- employed and contracting providers, and the total number, type, and severity of injuries and illnesses expected. Express the results of the calculation as the number of full-time equivalent primary treating physicians per 1,200 expected injuries and illnesses per year.

Assumptions employed in such calculations should be stated. Describe the methodology, data, and list assumptions used in the calculation of expected number of injuries and illnesses.

5. Standards of Accessibility (Page 12). Describe in detail in Exhibit I-5 the standards with respect to the accessibility and the procedures for monitoring the accessibility of services. Standards should be expressed in terms of the level of accessibility which serves as the objective and the minimum level of accessibility below which corrective action will be taken. Standards should include:

a. availability of appointments for primary treating physicians and specialty services,

b. the availability of after hours and emergency services

c. probable waiting times for scheduled appointments,

d. the proximity of specialists, hospitals, and other facilities and services to sources of primary care, and

e. a description of the system for monitoring and evaluating accessibility, including telephone inaccessibility, delayed appointment dates, waiting times for appointments, interpreters services inaccessibility, or other barriers to accessibility, and any problems or dissatisfaction identified through complaints from contracting providers or grievances from HCO-enrollees, providers, employers, or claims administrators.

6. Medical Case Management (Page 13). On Exhibit I-6, describe the personnel and process for medical case management. The narrative must describe the following:

a. initiation of treatment for non-emergency treatment within 24 hours and emergency treatment,

b. coordination by the HCO with the claims administrator to initiate, deny or modify treatment;

c. HCO enrollee assignment of a primary treating physicians,

d. coordination and monitoring of referrals to consultants, therapeutic or diagnostic facilities, and ensuring the timeliness of referrals,

e. the procedure by which HCO enrollees may be referred to chiropractors,

f. reporting of treatment, and preparation of reports necessary for the determination of workers' compensation benefits, including medical-legal reports, and

g. responding to patients' request for change of physician and request for a second opinion.

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7. Occupational Health Expertise and Education. The HCO must include at least one full-time equivalent board-certified occupational medicine physician employed by or contracted with the HCO to provide expertise on workplace health and safety issues and prevention and treatment of occupational illness and injury. On Exhibit I-7 (Page 14), list the name, address, specialty of the individual(s) meeting this requirement.

Describe on Page 15 the personnel (including the individual(s) named above), process, and educational program such that all primary treating physicians receive education, training or experience in occupational medicine and workers' compensation, including but not limited to:

- a. the regulatory requirements for primary treating physicians in workers' compensation
- b. familiarity with workplace hazards, causes of workplace injuries and diseases, work restrictions, and vocational rehabilitation, and
- c. the requirements of medical-legal reports in workers' compensation.

8. Workplace Safety and Health. Describe on Exhibit I-8 (Page 16), the capability to work cooperatively and in conjunction with claims administrators, employers, and employees to promote workplace health and safety and to detect workplace exposures and hazards, including:

- a. education of employees and employers on health and medical aspects of workplace health and safety issues
- b. consultation on employee medical screening for early detection of occupational disease, and assessment of workplace risk factors,
- c. the prompt reporting to the employer or insurer loss control program and to the employer's designee responsible for the employer Injury and Illness Prevention

Program specified occupational injuries and illnesses (occupational asthma, cumulative trauma disorders of the upper extremity, lead poisoning, amputations (excluding those of the distal phalanges), noise-induced hearing loss, pesticide illness, electrocutions; asphyxiation, and burns and falls from heights requiring hospitalization.), and

- d. annual reporting of aggregate data on workplace injuries and illness to the employer or insurer loss control program and to the employer's designee responsible for the employer Injury and Illness Prevention Program .

9. Return to Work Coordination. Describe in Exhibit I-9 (Page 17) the HCO's personnel, process, and method for

- a. facilitating and coordinating the return of injured workers to the workplace
- b. assessing the feasibility and availability of modified work or modified duty, and
- c. minimizing the risk of employee exposure after return to work to risk factors that aggravate or cause recurrence of injury.

10. Evaluation (Page 18). Describe the personnel, process, and method, including paper and automated information storage and retrieval systems, to collect and data on

- a. the cost of services under the HCO, categorized by treatments within diagnoses and by standard industrial classifications and occupations.
- b. the number of HCO enrollees categorized by sex, age groups, geographical distribution, occupation and industry and employer group.

Describe the personnel, process, and methods for coordinating with claims administrators and for collecting the following information for claims opened during a calendar year:

- c. data regarding injured enrollees, including the federal identification number of the patient's employer.
- d. patient social security number, gender, date of birth, occupation,
- e. date of injury, and
- f. diagnosis, coded according to the International Classification of Diseases, 9th Revision.

For claims closed during a calendar year,

- g. medical treatment, including dates of surgery and hospitalization
- h. date injured HCO enrollee was released by the primary treating physician to return to work
- h. the date the injured worker actually returned to work,
- j. the HCO enrollee's job status at the time of return to work (including full duty in the modified duty in the pre-injury job or different job), the employee's job status (including no longer employed) at the close of the claim,
- k. permanent disability rating, including none, and
- l. whether the injured HCO enrollee was represented by an attorney at any time through the claims process.

J. Internal Quality of Care Review System. The applicant is required to demonstrate that it has a system for the review of the quality of occupational health care to identify, evaluate, and correct problems relating to access, continuity and quality of care, appropriateness of care, utilization and the costs of services. The HCO must have a written plan designed to ensure a level of care for occupational injuries and illnesses which meets professionally recognized standards of practice.

1. Organization and Structure. Provide an organizational chart (Page 19, Exhibit J-1) showing the key persons, the committees and bodies responsible for the conduct of the review system, the provisions for support staff and the relationship of such persons, committees, and bodies to the general organization of the HCO. Include a narrative of the review system covering the areas shown in the organizational chart (Page 20) and the goals and objectives of the program, the methodology for on-going monitoring and evaluation of health services, the key persons involved, their titles and qualifications (including whether there are restrictions on their licenses from their licensing board), the extent and type of support staff, the areas of authority and responsibility of the key persons and committees, the frequency of meetings of the committees and the portion of key persons' time devoted to the review system.

2. Standards and Norms (Page 21) Include a description (Exhibit J-2) of the standards and norms, including the specific criteria utilized in the review, treatment protocols, software or database, and how these standard and norms are communicated to providers.

- a. Include guidelines for chiropractic care and the HCO's definition of "neuromusculo-skeletal condition."
- b. Describe the process whereby the medical reasonableness/medical necessity of requests for authorization are reviewed and decisions on such requests are made by the HCO.
- c. Describe the method to assure that all reports used to determine workers' compensation benefits are prepared in an objective, fair, and unbiased manner.
- d. Describe how workplace health and safety promotion (I-8) and return to work coordination (I-9), will be assessed in the quality review program.

3. Operation of System (Page 22). Describe the operation of the review system, including the

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frequency and the scope of audits and clinical services reviewed, the utilization of the audit results and the procedures and methods for enforcement of the standards and norms of the system. The HCO must demonstrate how its utilization review activities are designed to improve the quality of care.

Describe the manual and automated data storage and retrieval systems for medical and utilization review, the types of data analyses and reports, and the manner in which results are communicated to providers and the HCO's governing body.

Describe the method for incorporating the results of surveys of enrollees and patients to evaluate the HCO.

4. Administration of System by Providers (Page 23). If portions of the review system are administered by contracting providers, by affiliates of the applicant or by other persons who are not officers or employees of the applicant, describe in Exhibit J-4 the portions of the review system together with the providers, affiliates or persons administering them on behalf of the applicant, and describe the oversight mechanisms, including contractual provisions, which assure the maintenance of the system to the standards of the applicant. If the HCO has delegated quality assurance functions to contracting provider or facility, describe the contracting provider's or facility's quality assurance program.

5. Monitoring of Provider Administration. Describe in Exhibit J-5 (Page 24) the contractual arrangements to enable the HCO to monitor, and require compliance with the quality of care review system, to the extent such system is administered by contracting providers.

K. Contracts with Providers (Page 25). Provide in Exhibit K-1, a sample standard form contract together with variations between the HCO and each provider of health services. If a contract shows the payment to be rendered a provider, delete such minimum portion of the contract as

is necessary to prevent disclosure by blanking out or other suitable means.

## **Administration of the Health Care Organization**

L. Organizational Chart (Page 26). Provide an organizational chart which shows the lines of responsibility and authority in the administration of the applicant's business as a health care service organization for workers' compensation medical care. One chart should be limited to the applicant itself, showing its management and operational structure, including the names and titles of key positions and its board. If necessary, a second chart should show the total management structure of the business in all areas, and include the key positions and departments of the applicant and those in any affiliate and/or contracting provider health care and/or administrative services, including but not limited to the particular management function required in the administration of the health care delivery system. The charts should show the names of the corporations, partnerships and other entities involved in such administration, their boards, committees, and key management positions involved, giving the names of the boards, committees and positions and the persons serving in them.

M. Narrative Information. Describe in Exhibit M-1 (Page 27), the organizational chart, including the responsibility and authority of each entity, board, committee and position and identifying the persons who are serving in them.

In Exhibit M-2 (Page 28), for each person who occupies a position stated in Item L and M-1, give the name, and position, and describe the responsibilities and authority in each position, and the portion of each individual's time devoted to each principal function. Attach a resume or similar description of each listed person's training and experience during the at least the preceding five years which are relevant to the duties and responsibilities in the applicant's business as a Health Care Organization.

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N. Contracts with Claims Administrators and for Administrative Services (Page 29). Provide sample contracts between the HCO and claims administrators, including sections addressing cooperative efforts in workplace health and safety, and coordinating data collection efforts outlined in item I-10. Actual contracts that substantially differ from the sample must be promptly amended to an application.

O. Separation of Medical Services from Fiscal and Administrative Management (Page 30). Describe how the organization of the Health Care Organization will provide for the separation of medical services from fiscal and administrative management to assure that medical decisions will not be unduly influenced by fiscal and administrative management.

P. Contracts with Employers/Insurers (Page 31). Provide sample contracts between the Health Care Organization and employers/insurers purchasing occupational medical and health care and related services. Include sections specifically addressing the type and method for providing occupational medical and health services. Actual contracts that substantially differ from the sample must be promptly amended to an application.

Q-S. Reserved for Future Use.

T. Evidence of Coverage for HCO Enrollee-Patient Assistance and Notification (Page 32). Attach the materials and describe the methods of communicating in English, Spanish, and other languages as necessary to HCO enrollees the details of their coverage (including information on a 24-hour basis regarding the availability of necessary medical services), how to access services, the procedure for processing and resolving grievances, and their right to file a complaint with the Administrative Director of the Division of Workers' Compensation. Describe the personnel and process for providing patient education specifically designed for injured workers.

Describe the personnel and process for surveying HCO enrollees and patients to allow for their periodic evaluation of the HCO.

U. Reserved for Future Use.

W. Provider/Enrollee Grievance Procedure . In Exhibit W-1 (Page 33) provide a copy of the written grievance procedure, including the procedures for expedited review of medical reasonableness or medical necessity. Describe how grievances will be annually tabulated and summarized for reporting to the Administrative Director of the Division of Workers' Compensation. In Exhibit W-2 (Page 34) provide complaint forms and the written explanation of the grievance procedure which will be available to HCO enrollees and providers. If materials provided under Exhibit W-1 do not identify key personnel of the HCO that will be responsible for carrying out the grievance procedure, provide this information in Exhibit W-3 (Page 35), listing the name, title, and telephone and responsibilities of the individuals.

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# Application for Certification As A Health Care Organization

Date Received

Applicant Identifier

Fee: ☐ Yes ☐ No

DMHC Cert. ☐ Yes ☐ No

DOI Cert. ☐ Yes ☐ No

1. Legal Name of Applicant

3. Name and telephone number of the person to be contacted on matters involving this application

2. Address

4. Employer Identification Number

\_\_\_\_ \_ --- \_\_\_\_ \_

**5. I declare under penalty of perjury under the laws of the State of California that I have read this application and exhibits and attachments thereto and know the contents thereof, and that the statements therein are true and correct.**

a. Typed Name of Authorized Representative

b. Title

c. Telephone Number

d. Signature of Authorized Representative

e. Date Signed

## A. Type of Application

- ☐ Initial ☐ Recertification  
☐ Amendment to Pending Application  
☐ Substantial Material Change

## B. Type of Applicant

- ☐ Full Service Knox-Keene Plan ☐ Disability Insurer  
☐ Workers' Compensation Health Care Provider Organization  
☐ Other

**C. Name, title, address, and telephone of officer or partner of applicant who is to receive compliance and informational communications from the Division of Workers' Compensation and is responsible for disseminating this information within the applicant's organization.**

Name

Title

Address

Telephone

**D. Other Agencies.** Submit written certification that the applicant is currently a: 1) Knox-Keene full service health care service plan or Workers Compensation Health Care Providers Organization authorized by and in compliance with the requirements or regulations of the Department of Managed Health Care or 2) a disability insurer authorized and in compliance with the Department of Insurance.

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**Exhibit E. Summary of Information in the Application**

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Describe below in summary form the Health Care Organization plan of organization and operation directed to occupational health services.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted . If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services will be specifically addressed.

Knox-Keene ☐  
WCHCPO ☐  
DOI ☐

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**F. Organization and Affiliated Persons**

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1. Type of Organization. Check box which indicates the type of organization of the HCO.

☐ Corporation      ☐ Partnership      ☐ Sole proprietor      ☐ Public Agency      ☐ Other  
Describe:

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1a. List the names of all directors and officers of the Health Care Organization.

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Name

Title

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1b. List name and title of individual designated to be the day-to-day administrator of the Health Care Organization.

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Name

Title

Address

Telephone

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1c. List name, title, specialty and address of the medical director of the Health Care Organization.

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Name

Title

Specialty

Address

Telephone

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1d. List name, title, specialty and address of the administrator of financial affairs of the Health Care Organization.

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Name

Title

Address

Telephone

[illegible]

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**G. (Reserved for Future Use)**

**H. Geographic Service Area**

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Describe below the HCO's service area and the geographic area in which the actual or projected enrollees live and work.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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Knox-Keene ☐  
WCHCPO ☐  
DOI ☐

**Exhibit H-1.** List all 5-digit U.S. Postal Zip Code numbers in the service area below .

Zip Code	Zip Code	Zip Code	Zip Code	Zip Code

**Exhibit H-2 and H-3.** Attach data files of the service area.



**I. Description of Health Care Arrangements.** List the number of full-time equivalent physicians available for medical care under Workers' Compensation by specialty type (e.g. allergy-immunology, anesthesiology, cardiology, dermatology, emergency medicine, family medicine, general medicine, gynecology-obstetrics, internal medicine, neurology, occupational medicine, oncology, ophthalmology, orthopedics, doctor of osteopathy, otolaryngology, pathology, physical medicine-rehabilitation, psychiatry, pulmonology, rheumatology, surgery, urology, and any other).

**Exhibit I-1: Number of Medical Providers and Support Staff**

Provider Type	Number of Full-Time Equivalents
<b>Medical Doctor (M.D./D.O.) Physicians</b>	
<i>Primary Treating Physicians:</i>	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	_____
<b>Specialists:</b>	
Allergists/Immunologists.....	_____
Anesthesiologists.....	_____
Cardiologists.....	_____
Dermatologists.....	_____
Gynecologists/Obstetricians.....	_____
Neurologists.....	_____
Occupational Medicine.....	_____
Oncologists.....	_____
Ophthalmologists.....	_____
Orthopedists.....	_____
Otolaryngologists.....	_____
Pathologists.....	_____
Physical Medicine/Rehabilitation.....	_____
Psychiatrists.....	_____
Pulmonologists.....	_____
Radiologists.....	_____
Rheumatologists.....	_____
Surgeons.....	_____
Hand.....	_____
Back.....	_____
General.....	_____
Plastic.....	_____
Urologists.....	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
<b>TOTAL</b>	_____



Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

Knox-Keene [ ]  
WCHCPO [ ]  
DOI [ ]

[illegible]

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**Exhibit I-3: Number of Non-M.D./D.O. Providers and Support Staff**

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<b>Provider Type</b>	<b>Number of Full-Time Equivalents</b>
<b>Non-Medical Doctor (M.D./D.O.) Physicians</b>	
Acupuncturists.....	_____
Chiropractors.....	_____
Dentists.....	_____
Optometrists.....	_____
Podiatrists.....	_____
Psychologists.....	_____
<b>Support Staff</b>	
Case management workers.....	_____
Health Educators.....	_____
Nurse Practitioners.....	_____
Occupational Nurses .....	_____
Occupational Therapists.....	_____
Pharmacists.....	_____
Physical Therapists.....	_____
Physician Assistants.....	_____
Registered Nurses.....	_____
Respiratory Therapists.....	_____
Social Workers.....	_____
Vocational Rehabilitation counselors .....	_____
Other: _____ .....	_____
Other: _____ .....	_____
Other: _____ .....	_____
Other: _____ .....	_____
Other: _____ .....	_____

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**Interpreters' Services.** Describe how the HCO will make available interpreters' services, as required, for the treatment and evaluation of patients.

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**Exhibit I-4. Calculation of Physicians per 1,200 Expected Injuries and Illnesses.** Furnish the calculation of the number of primary treating physicians per 1,200 expected injuries and illnesses per year. Define primary treating physicians. Describe the methodology, data, and list assumptions used in the calculation of expected number of injuries.

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**I-5. Standards of Accessibility.** Describe the standards of accessibility for HCO enrollees, including availability of appointments for primary and specialty care for HCO enrollees residing in and out of the geographical service area, after hours and emergency services, anticipated or actual patient waiting times, and the system for monitoring and evaluating accessibility.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

Knox-Keene ☐  
WCHCPO ☐  
DOI ☐

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**I-6. Medical Case Management: Initiation of Treatment, and Coordination of Referrals and other Aspects of Medical Treatment.** Describe in detail the personnel and process for how treatment is initiated, how the HCO will coordinate with the claims administrator to initiate, deny or modify treatment; describe how an HCO enrollee is assigned a primary treating physicians, and the process of medical case management, coordinating and monitoring referrals to consultants, therapeutic or diagnostic facilities, reporting of treatment, responding to patients' request for change of physician or second opinion, and ensuring the timeliness of referrals. Include in the description the procedure by which HCO enrollees may be referred to chiropractors.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

Knox-Keene ☐  
WCHCPO ☐  
DOI ☐

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**I-7. Occupational Health Expertise and Education.**

a. List the physician(s) with board certification in occupational health who are on staff or contractors to provide expertise on workplace health and safety and prevention and treatment of occupational illnesses or injuries.

<b>Name</b>	<b>Title</b>	<b>Specialty</b>
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Address	Telephone
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<b>Name</b>	<b>Title</b>	<b>Specialty</b>
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Address	Telephone
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<b>Name</b>	<b>Title</b>	<b>Specialty</b>
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Address	Telephone
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b. Describe in detail the HCOs educational program, addressing how primary treating physicians receive education, training and experience in occupational medicine and workers' compensation. Use continuation pages, if necessary.

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**I-8. Workplace Safety and Health.** Describe in detail the capability to work cooperatively and in conjunction with employers, employees, and claims administrators to promote workplace health and safety, including education of employers and employees, consultation on employee medical screening for early detection of occupational disease, prompt reporting of specified conditions.

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**I-9. Return to Work.** Describe in detail the personnel and process in the return-to-work program for patients and how it will be coordinated with employers, employees, and claims administrators to promote early and sustained return-to-work without re-injury.

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**I-10. Evaluation.** Describe the method to report data, including costs of services specific to particular occupations, diagnoses, and procedures; aggregated information on number of enrollees by demographic and industrial characteristics; and data to evaluate patients' return to work.

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**J. Internal Quality of Care Review System.** As Exhibit J-1a (below) attach an organizational chart showing the key persons, committees and bodies responsible for the conduct of the review system.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**J-1. Organization and Operation.** As Exhibit J-1b (below) describe the goals and objectives, organizational arrangements, methodology for monitoring and evaluation, and scope of the internal quality of care review system.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**J-2. Standards and Norms.** As Exhibit J-2 (below) describe the standards and norms of the system. Include guidelines for chiropractic care and the definition of the HCO's definition of "neuromusculoskeletal condition." Describe the process whereby the medical reasonableness/medical necessity of requests for authorization are reviewed and decisions on such requests are made by the HCO; the method to assure that all reports used to determine workers' compensation benefits are prepared in an objective, fair, and unbiased manner; how workplace health and safety promotion (I-8) and return to work coordination (I-9) will be assessed in the quality review program.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**J-3. Operation of the System.** As Exhibit J-3 describe the operation of the review system, including the frequency and scope of audits. Describe the manual and automated data storage and retrieval systems for medical and utilization review, and the types of data analyses and reports, and the manner in which results are communicated to providers and the HCO's governing body. Describe the method for incorporating the results of surveys of enrollees and patients to evaluate the HCO.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**J-4. Administration of the Review System by Contract Providers.** As Exhibit J-4 describe any portion of the review system that is administered by contracting providers, affiliates, or other entities that are not officers or employees of the HCO.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**J-5. Monitoring of Provider Administration.** As Exhibit J-5 describe the contractual arrangements to enable the HCO to monitor, and require compliance with the quality of care review system, to the extent the review system is administered by contracting providers.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**K. Contracts with Providers.** Provide sample contracts between the Health Care Organization and providers furnishing occupational medical and health care and related services including, medical providers (primary treating physicians, specialists, consulting), acute hospital services, ambulatory care, emergency services, ambulance service, and home health care, utilization review, workplace health and safety, return to work, case management, health education, occupational health nursing, administrative services, and evaluation.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**L. Organizational Chart.** Attach an organizational chart demonstrating the structural relationships between the medical director, fiscal or financial administrator, and executive officers and administrators of the HCO.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**M. Organizational Narrative.** Describe below (Exhibit M-1) the organizational chart in Item L.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**M-2. Persons and Positions in the Organization.** List below (Exhibit M-2) individuals, their position, time commitment, and describe the responsibilities and authority of key personnel identified in the organizational chart (Item L) or narrative (M-1).

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

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**N. Contracts with Claim Administrators and for Administrative Services.** Provide sample contracts between the Health Care Organization and claims administrators and others providing administrative services for the furnishing of occupational medical and health care and related services, including provisions for coordinating data collection and coordination of the workplace health and safety promotion activities. Actual contracts that substantially differ from the sample must be promptly amended to an application.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**O. Separation of Medical Services from Fiscal and Administrative Management.** Describe how medical decisions will be rendered by qualified providers unhindered by fiscal and administrative management of the HCO.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**P. Contracts with Employers.** Provide sample contracts between the Health Care Organization and employers/insurers purchasing occupational medical and health care and related services. Actual contracts that substantially differ from the sample must be promptly amended to an application.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**Q-S. Reserved for Future Use.**

**T. Evidence of Coverage for HCO Enrollee/Patient Assistance and Notification.** Describe the materials and methods of communicating to HCO enrollees the details of their coverage, and how to access services. Describe how patient education specifically designed for injured workers will be provided.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**U. Reserved for Future Use.**

**W-1. Provider/Enrollee Grievance Procedure.** Attach a copy of the written grievance procedure, including the procedures for expedited review of medical reasonableness or medical necessity.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**W-2. Complaint Forms and Patient/Provider Explanation.** Attach a copy of the complaint forms used by HCO enrollees and HCO providers along with the written explanation

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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**W-3. Persons and Positions in the Organization.** List below (Exhibit W-3) individuals, their position, time commitment, and describe the responsibilities and authority of key personnel for carrying out grievance procedures.

Relevant exhibits, sections, and other documents which have been previously submitted to either the Department of Managed Health Care or Department of Insurance may be substituted. If such material is included, check appropriate box at right, and only provide a concise description of how occupational medical and health services and other program elements exclusively required of HCOs will be specifically addressed.

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Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

Name	Position	% Time
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Responsibilities and Authority

## **File Specifications for Geo-Coding Provider and Employer/Worksite Location for HCO Applications**

### **All Files**

- Files must be submitted on 3.5" diskettes in IBM Windows, NT, or Apple format, or sent as an e-mail attachment (network data transfer).
- Applicants must submit two separate files indicating the location of: 1) zip codes sought for certification [Managed Care Program HCO Application Exhibit H-1 and H-2], and employer worksites and health care providers.
- Each file must be in a fixed column format using any of the following or comparable spreadsheets or database programs: \*.DBF (DBASE, Fox Pro), Excel (single worksheet .xls), Lotus, Map Info (.MAP), or as an ASCII file. ASCII files should be submitted with a record layout indicating the field lengths and column range of each data element in the file. All data elements except longitude or latitude (if provided) should be left justified in their field and consistently coded. Coordinate information should be right justified with the decimal point in a fixed column. Large files are preferred in a compressed, self-inflatable format on a single diskette, rather than multiple diskettes.

### **File of Zip Codes Sought for Certification**

List the 5-digit US Postal Service zip codes in which certification is sought in a fixed column format. These must be the same zip codes as those listed in Application Section H-1. The list provided on diskette should list individually each of the zip codes where the applicant is seeking certification. Please do not provide zip codes as ranges (e.g. 90210 – 90220). These ranges may sometimes include unused zip codes. Also, review each proposed zip code and ensure that it is a valid US Postal Service 5-digit code that represents a unique geographic area and not post office boxes, mail delivery zones within large buildings, etc. The US Postal Service lists its zip codes on its Web site [www.usps.com](http://www.usps.com).

### **Provider and Employer Locations File**

- **Provider Information:** Indicate the provider name, group or practice name, street, city, state, zip code, telephone number, and, if available coordinates of latitude and longitude (see below), map symbol, and provider specialty in a fixed column format. Code and attach a code dictionary, or spell out the name of the specialty (e.g., internal medicine, orthopedics, neurology, psychiatry, etc.). Please specify the specialty type for physicians serving as PTPs (e.g., family practice, occupational medicine, internal medicine). Use a separate column range to indicate map symbol (P=primary treating physician; S=Specialist; H=Hospital; E=Emergency care facility; C=Chiropractor; D=Dentist; O=Optometrist; L=Laboratory; Rx=Pharmacy; A=other ancillary). Note that hospitals with emergency facilities will have to be listed twice --- once with the map symbol "H", and the other record with map symbol "E". Industrial clinics may be listed, but may not be designated as PTPs. Each individual physician designated as a PTP must be listed. Providers with more than one specialty should be listed twice (or more), one record for each specialty. If the provider is available to see enrollees at more than one facility, the provider must be listed at each facility s(he) will see enrollees. Please list providers at clinics, medical centers, and any other facility. The facility name cannot be substituted for individual providers.
- **Employer Information:** Indicate the employer name, street, city, state, zip code, telephone number, and, if available coordinates of latitude and longitude (see below), and map symbol (G=Employer). These data elements should be in the same column ranges as in the providers above. Files should also have separate column ranges for SIC code and projected/actual number of enrollees.

**Type and Format of Location Information (in order of preference) for Provider and Employer Location File****1. Coordinates of Longitude and Latitude**

Users of MapInfo, ArcInfo, GeoAccess, Atlas or other geographic information system (GIS) software should provide geocoded files. Coordinates of longitude and latitude should be coded to at least the ten-thousandth (0.0001) decimal precision for each provider and worksite location.

**2. Zip code + 4**

If longitude and latitude coordinates are not available, each worksite and provider location with its nine-digit code (zip + 4) should be provided. The preferred format is two separate fixed column fields (zip5, 4 digit extension), but 9 consecutive digits, or a single hyphenated field may be submitted.

**3. Zip Code (5 digits)****4. Street Address, City, Zip Code**

If zip + 4 is not available, each worksite and provider location should be provided with its street address, city name, and zip code, in addition to other specified data elements.

**Data Quality Standards**

It is the responsibility of the applicant to provide complete and accurate information for each zip code sought for certification, and for each provider and employer location. Data files with errors requiring programming or data editing to use or fix will be returned to the sender. Provider and/or employer locations with missing zip or address information, or invalid zip codes according to the US Postal Service will not be geocoded. Problematic zip codes include all those that conflict with street address and zip codes associated with post office boxes - not actual provider or employer facilities. Non-geocodeable provider and employer locations may result in the rejection of some of the zip codes sought for certification. Applicants should make sure that the zip codes of employer locations are also listed in the Zip Codes Sought for Certification (H-1).

If the hard copy of the list of zip codes or providers/employers in the HCO application is in conflict with the computer files, the computer files will take precedence.

Due to practical considerations in geographic information processing, zip codes sought for certification are geocoded by the Managed Care Program to the geographic center of the zip code. This may introduce smaller or larger tolerances for meeting the 15-and 30-mile access requirements. Applicants should identify large or irregularly shaped zip codes (especially in rural areas) in which they have manually checked for meeting geographic access requirements.

**Questions**

If you have any questions about file specifications for geocoding map information required for your HCO application, please do not hesitate to contact us at:

Managed Care Program  
Division of Workers' Compensation  
455 Golden Gate Ave., 9<sup>th</sup> Floor  
San Francisco, CA 94102  
Att: Kathy Dervin  
Tel. (415) 703-4600 • Fax (415) 703-4718 • kdervin@hq.dir.ca.gov